

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/14/2013
FORM APPROVED
OMB NO. 0938-0391

45th 3/30/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445469	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2013
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NAME OF PROVIDER OR SUPPLIER

IVY HALL NURSING HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

301 WATAUGA AVE
ELIZABETHTON, TN 37643

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 431 SS=E	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 431	<p><u>Disclaimer for Plan of Correction</u></p> <p>Preparation and/or execution of this Plan of Correction does not constitute an admission or agreement by Ivy Hall Nursing Home of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. Ivy Hall Nursing Home files this Plan of Correction solely because it is required to do so for continued state licensure as a health care provider and/or for participation in the Medicare/Medicaid program. The facility does not admit that any deficiency existed prior to, at the time of, or after the survey. The facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal and any other applicable legal or administrative proceedings. This Plan of Correction should not be taken as establishing any standard of care, and the facility submits that the actions taken by or in response to the survey findings far exceed the standard of care. This document is not intended to waive any defense, legal or equitable, in administrative, civil or criminal proceedings.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

ADMINISTRATOR

2-22-13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FEB 25 2013

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NAME OF PROVIDER OR SUPPLIER IVY HALL NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 301 WATAUGA AVE ELIZABETHTON, TN 37643		
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F 431	<p>Continued From page 1</p> <p>Based on observation, review of facility policy, and interview, the facility failed to label medications with the resident's name in one of three medication rooms; failed to maintain the proper temperature in one of three medication refrigerators; and failed to separate cleaning wipes from medications on four of six medication carts observed.</p> <p>The findings included:</p> <p>Observation in the B building medication room, on February 11, 2013, at 3:30 p.m., with Licensed Practical Nurse (LPN) #2, revealed one bottle of Magnesium Citrate, 1/2 full, stored on the counter. Further observation revealed the medication label did not contain the resident's name or date.</p> <p>Continued observation of the medication room on the refrigerator revealed the thermometer was measured to be 29 degrees Fahrenheit. Interview with LPN #2 at the time verified the refrigerator temperature was not within normal range.</p> <p>Continued observation of the B wing medication cart (1 of 1) revealed a plastic dispensing container of bleach wipes was stored with the residents' powdered medications in the same compartment.</p> <p>Review of the facility policy titled Storage of Drugs, revised on March 2009, states, "...refrigerator and a temperature of between 36 Fahrenheit and 46 Fahrenheit shall be maintained..."</p>	F 431	<p>F 431</p> <p>Ivy Hall Nursing Home believes its current practices were in compliance with the applicable standard of care, but that in order to respond to this citation from the surveyors, the facility is taking the following additional actions:</p> <p><u>Corrective Actions for Targeted Residents</u></p> <p>The unlabeled bottle of Magnesium Citrate was discarded immediately on 2/11/13 by the B-Wing Charge Nurse.</p> <p>The bleach wipes in the cited medicine carts were separated from the residents' medication immediately on 2/12/13 by the Director of Nursing.</p> <p>The refrigerator found to be reading low temperature was replaced immediately on 2/11/13 by the Maintenance Department.</p> <p><u>Identification of Other Residents with Potential to be Affected</u></p> <p>Remaining medication carts and medication rooms were audited by the Director of Nursing on 2/15/13 for compliance of medications with proper labeling of resident's name and date dispensed/opened; appropriate medication refrigerator temperatures; and bleach wipes being stored separately</p>		

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F 431	<p>Continued From page 2</p> <p>Interview on February 11, 2013, at 3:45 p.m., in the B building medication room, with LPN #2, confirmed the medication was not labeled with a resident's name, and confirmed the bleach wipes were not separated from the residents' medications and stored in the same compartment.</p> <p>Observation of the C wing medication cart #1 (1 of 3) on February 11, 2013, at 2:00 p.m., with LPN #1, revealed a plastic container of bleach wipes was stored with several bottles of residents' liquid medications in the same compartment.</p> <p>Interview on the C wing, on February 11, 2013, at 2:15 p.m., with LPN #1, confirmed the bleach wipes were not separated from the residents' medications.</p> <p>Observation of the A Wing medication cart #1 (1 of 2) on February 12, 2013, at 8:15 a.m., with LPN #3, revealed a bottle of bleach wipes was stored with the residents' medication bottles in the same compartment.</p> <p>Interview on the A Wing, on February 12, 2013, at 8:15 a.m., with LPN #3, confirmed the bleach wipes were not separated from the residents' medications.</p> <p>Observation of the A Wing medication cart #2 (2 of 2) on February 12, 2013, at 8:30 a.m., with LPN #3, revealed a bottle of bleach wipes was stored with the residents' medication bottles in the same compartment.</p> <p>Interview on the 200 hallway, on February 12, 2013, at 8:30 a.m., with LPN #3, confirmed the</p>	F 431	<p>from residents' medications. Remaining medication rooms and medication carts were compliant.</p> <p><u>Systematic Changes</u></p> <p>Licensed nursing staff was in-serviced on 2/11/13 by the Director of Nursing regarding proper labeling and dating of medications, maintaining medication refrigerator temperatures at 36°F to 46°F, and storing bleach wipes separately from residents' medications in the medication cart. Staff meeting will be held on 3/1/13 by the Director of Nursing and will be repeated on 3/15/13 regarding proper labeling and dating of medications, maintaining medication refrigerator temperatures at 36°F to 46°F, and storing bleach wipes separately from residents' medications in the medication cart. These areas regarding medication storage compliance will be addressed during orientation for newly-hired employees.</p> <p><u>Monitoring</u></p> <p>Audits of medication rooms and medication carts will be completed by the Director of Nursing weekly for four weeks, monthly for two weeks, and then quarterly. These audits will be presented at the monthly Performance Improvement Committee meeting by the Director of Nursing for review and determination of ongoing compliance. This Committee consists of the Administrator, Assistant</p>		

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F 431	Continued From page 3 facility failed to separate the bleach wipes from the residents' medications.	F 431	Administrator, Director of Nursing, Assistant Director of Nursing, Social Services Director, Medical Director, Maintenance Director, Dietary Manager, Housekeeping/Laundry Director, Activities Director, Medical Records Director, Human Resource Manager, Consultant Pharmacist, and Business Office Manager.	3/15/13	

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